EXHIBIT 20
DATE 1-15-07
HB 2

HISTORY OF THE
MONTANA CHILDREN'S SYSTEM OF CARE

- In 2001 the Montana Legislature passed SB 454 the first multi-agency bill to serve seriously emotionally disturbed youth and their families. Senator Mignon Waterman was the sponsor.
- The bill was needed to develop a plan to contain the burgeoning growth and high cost of the children's mental health system.
- The number of high cost youth at the time was approximately 150, costing more than $6000 per month and they were served in out of state facilities.
- The bill directed DPHHS to work with all other state agencies responsible for at risk youth to coordinate responsibility for interested multi-agency services for seriously emotionally disturbed youth at the state and local level.
- It also established a State Multi-Agency Children's Committee.
- By late 2002 the number of youth served out of state was down to an average of approximately 20 – 23 youth per month.
- The first phase of addressing systemic change included the development of the Kids Integrated Delivery System (KIDS Project), created as a result of SB 454.
- This initial model for the KIDS Project, a multi-agency systems of care approach, was developed by the Montana Children's Initiative Provider Association (MCI) in cooperation with DPHHS and the Sate Multi-Agency Children's Committee.
- It was funded partially through grants to MCI from the Youth Justice Council and Montana Board of Crime Control.
- There were 4 pilot projects including Missoula County, Lake County, Great Falls and Billings/Crow Tribe.
- In 2003 the Montana Legislature passed SB 94. This bill took the sunset off of SB 454, updated the language to system of care terms and strengthened the statute, with directives to develop a statewide children's system of care. SB 94 was sponsored by Senator Emily Stonington.
- SB 94 also provided permissive language for local teams (now identified as Kids Management Authorities – KMA), to utilize certain existing statutory teams for providing youth services.
- SB 94 also changed the name of the state planning committee to the Montana Children's System of Care Committee (SOC).
- In 2003 DPHHS created a new division called the Health Resources Division.
- The children's mental health program was moved from Addictive and Mental Disorders Division to the Health Resources Division.
- Children's mental health was given bureau status and is called the Children's Mental Health Bureau.
- In 2003 DPHHS, the Children's Mental Health Bureau and the Crow Nation applied for a federal SAMHSA grant to help Montana develop a comprehensive statewide Children's System of Care
- The Montana SOC corresponds with the President's New Freedom Commission Achieving the Promise: Transforming Mental Health Care in America. Montana is utilizing this report as a guide to improving mental health services
- The grant was awarded and is a $5.9 million, 6 year grant.
- Montana is now entering its 3rd year of the SOC grant. The first year was for planning.
- As part of the grant, local planning groups called Kids Management Authorities (KMAs) are being developed around the state to implement the SOC.

- Providers and advocacy groups around the state provided the initial match requirements, both direct and indirect costs to support these local KMAs. This match reverses over the life of the grant from 75% federal/25% state in year one to 33% state and 67% federal by year six.
- KMAs are in various stages of development and are located in *Billings/Yellowstone County, *Kalispell, *Missoula, Great Falls, Butte, Bozeman, Deer Lodge Valley, Glasgow and Wolf Point, *Crow Nation, Miles City, Glendive, Salish Kootenai & Polson, Havre, Rocky Boy and Fort Belknap. Those asterisked are the most developed.
- National statistics show that SOC programs save $2,500 per youth per year in mental health and $784 per youth in juvenile justice. Montana is beginning to see reduced recidivism in residential treatment care.
- The census for out of state residential treatment has gone up minimally until this year. One of the instate residential treatment centers had safety and quality issues and also caseload numbers of youth served overall increased. Following is the census for youth served in out of state residential care facilities in May for the last 4 years: 2003 - 18, 2004 - 20, 2005 - 24 and 2006 - 61.
- Approximately 9,551 youth will be served in 2006 in children's mental health. Sixty – sixty two million dollars ($60-$62 million) is anticipated to be spent on these services in 2006.
- The Children's Mental Health Bureau is working hard to obtain flexibility for creative services, insisting on good utilization review and accountability from providers and keeping the system "in check."
- Montana has never fully developed an approach for children's mental health. Over the years, many potentially good plans have never come to come fruition.
- We must stay the course and ensure long term sustainability of this Montana Children's System of Care.
- Three areas of funding have been identified:
    a. Funding to maintain the community match at 40%
    b. Flexible funding to provide creative services in the community
    c. Children's mental health provider rate increases to ensure a full array of quality services

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The Montana Children's System of Care &
The President's New Freedom Commission on Mental Health,
Achieving the Promise:
Transforming Mental Health Care in America

The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America report is being utilized in Montana as a guide to continue its development of a strong mental health system.

The Montana Children's System of Care (SOC), under the direction of the Children's Mental Health Bureau, values, principles and plan are in direct correlation to the New Freedom Commission Report. SAMHSA, the Substance Abuse and Mental Health Services Administration is the federal agency through which the New Freedom Commission and resulting report and recommendations were facilitated. SAMHSA is also the agency advancing the national children's system of care model and has awarded Montana a 6 year grant to advance and implement its own children's system of care.

Following are the New Freedom Commission Goals and recommendations related to the Montana Children's System of Care.

1. **Americans Understand that Mental Health is Essential to Overall Health**
    a. The Montana Children's System of Care is ***working to reduce stigma*** with a statewide effort to reduce stigma of seeking care through education, awareness, collaboration with advocacy groups. The Children's Mental Health Bureau (CMHB) and the Montana Children's Initiative Provider Association are partnering on an education and awareness children's mental health video with the Montana Mental Health Association. TV and radio PSA's will also be produced. The CMHB is also doing additional social marketing by participating in fundraisers, conferences and small meetings for educational outreach. Technical assistance, training and development and dissemination of materials are also being provided.
    b. DPHHS is prioritizing the need to ***address children's mental health with the same urgency as physical health***. By putting the Children's Mental Health Bureau in Health Resources Division it is linked with CHIP and other Children's Special Medical Needs programs that are also managed in this Division. DPHHS recognizes the need for a comprehensive approach to children's health services, no longer stigmatizing and isolating mental health needs.

2. **Mental Health Care is Consumer and Family Driven**
    a. The Montana Children's SOC Values & Principles are
        i. ***Child Centered and Family Driven***
        ii. ***Community Based***
        iii. ***Culturally Competent***
    b. ***Families and youth are fully involved*** in Montana's SOC.
    c. The Montana Children's SOC ***aligns with the SAMHSA, a relevant federal program.***
    d. Parent professionals/coordinators are required for each KMA implementation site.
    e. A key component to the Montana SOC and the Kids Management Authorities (KMAs) is *the* ***development of individualized plans of care.***
    f. AMDD and the CMHB are working together to create ***transition services for youth moving into the adult world.***
    g. The KMAs have 2 functions:
        i. Individual Care Coordination Teams that focus on developing and funding unified case plans for multi-agency children; and
        ii. A Community Design Team that focuses on developing the local community system of care and services.

3. **Disparities in Mental Health Services Are Eliminated**
    a. The Montana Children's SOC is ***improving access to quality care that is culturally competent.*** The SOC is heavily focused on cultural competence with the State DPHHS and Crow Nation partnership. The Salish Kootenai and Rocky Boy reservations are also currently involved. Other tribes will be included as KMAs are developed.
    b. Montana is a unique model. Implementing SOC/KMA projects statewide ***will improve access to quality care in its rural and geographically remote areas.*** Most other states are doing small carve outs such as counties or an urban area.

4. **Early Mental Health Screening, Assessment and Referral to Services Are Common Practice**
    a. The Montana Children's SOC ***promotes the mental health of young children.***
    b. It is based on a multi-agency comprehensive seamless approach to services, including ***improved and expanded school mental health programs and coordination.***
    c. As needed, children and families receive comprehensive screening and assessment ***including primary health care*** as a part of referral process to a Kids Management Authority, including ***screening for co-occurring and substance use.***
    d. Because all agencies that work with high risk youth are at the table, ***services are tailored to the needs of the youth and family.***

5. **Excellent Mental Health Care is Delivered and Research is Accelerated**
   a. The Montana Children's SOC includes evaluation coordinators for each KMA implementation site and a program analyst works within CMHB. Longitudinal studies will start soon with families at the KMA implementation sites. Conflict cultural surveys have been completed both at the KMA level and at the State Children's System of Care Committee.
   b. The Montana SOC requires a strong evaluation component to ***assess outcome measures.***
   c. The Montana SOC ***promotes recovery and resilience, cure and prevention*** by utilizing nationally recognized "evidence of efficacy" services such as intensive case management, in-home services and therapeutic foster care.
   d. The CMHB is committed to continuing data collection and analysis and ***advancing evidence based practices.***

6. **Technology is Used to Access Mental Health Care and Information**
   a. The Montana Children's SOC will help to ***improve access and coordination of care*** for children and families with the integrated, multi-agency approach utilized by the KMAs. Key decision makers for each public agency work together with the family.
   b. This multi-agency approach used in the KMAs will assist the state in moving towards ***integrated electronic records systems.***
   c. The Montana SOC/KMAs will work towards collaborating and ***utilizing existing telehealth systems*** in the state to reach more rural areas.

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